

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Restoration PAC

ADDRESS (number and street)

1901 Butterfield Road

Ste. 120

Check if different
than previously
reported. (ACC)

Downers Grove

IL

60515

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00571588

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

11

03

2020

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

10

01

2020

through

M M /

D D /

Y Y Y Y Y Y

10

14

2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gaskill, Sherry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gaskill, Sherry, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

22

2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Restoration PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
10		14		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">995542.12</td></tr></table>	995542.12				
Y	Y	Y	Y	Y													
2020																	
995542.12																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">6029109.04</td></tr></table>	6029109.04															
6029109.04																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">2053405.75</td></tr></table>	2053405.75					<table><tr><td colspan="5">19926469.96</td></tr></table>	19926469.96									
2053405.75																	
19926469.96																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">8082514.79</td></tr></table>	8082514.79					<table><tr><td colspan="5">20922012.08</td></tr></table>	20922012.08									
8082514.79																	
20922012.08																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">5635463.83</td></tr></table>	5635463.83					<table><tr><td colspan="5">18474961.12</td></tr></table>	18474961.12									
5635463.83																	
18474961.12																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">2447050.96</td></tr></table>	2447050.96					<table><tr><td colspan="5">2447050.96</td></tr></table>	2447050.96									
2447050.96																	
2447050.96																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">43145.53</td></tr></table>	43145.53															
43145.53																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Restoration PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	2	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2052025.00	19911722.37
(ii) Unitemized	1380.75	14712.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2053405.75	19926434.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2053405.75	19926434.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	35.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2053405.75	19926469.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2053405.75	19926469.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18525.33	881997.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18525.33	881997.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500000.00	1000000.00
24. Independent Expenditures (use Schedule E)	5116938.50	16590391.50
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	72.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	72.15
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5635463.83	18474961.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5635463.83	18474961.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2053405.75	19926434.51
34. Total Contribution Refunds (from Line 28(d))	0.00	72.15
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2053405.75	19926362.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18525.33	881997.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	35.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18525.33	881962.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Busch, August, A., , III

Mailing Address One MidRivers Mall Dr.

City
St. Peters

State
MO

Zip Code
63376

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2020

Transaction ID : SA11AI.13887

Amount of Each Receipt this Period

50000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Calawerts, John, , ,

Mailing Address 2610 River Lane

City
Green Bay

State
WI

Zip Code
54301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

VerHalen, Inc.

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2020

Transaction ID : SA11AI.13889

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carney, Thomas, , ,

Mailing Address 201 Badger Parkway

City
Darien

State
WI

Zip Code
53114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Royal Basket Trucks, Inc.

Occupation (for Individual)

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2020

Transaction ID : SA11AI.13825

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hall, David, , ,

Mailing Address 306 Ellis Boulevard

City

Ellis Grove

State

IL

Zip Code

62241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2020

Transaction ID : SA11AI.13852

Amount of Each Receipt this Period

25.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kuhn, Stephen, , ,

Mailing Address 311 Monticello Road

City

Franklin

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sevan Multi Site Solutions

Occupation (for Individual)

Construction Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2020

Transaction ID : SA11AI.13816

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Uihlein, Richard, E., ,

Mailing Address 1396 N. Waukegan Rd.

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

19600000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2020

Transaction ID : SA11AI.13878

Amount of Each Receipt this Period

2000000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

2000525.00

TOTAL This Period (last page this line number only).....▶

2052025.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Adobe Systems, Inc.

Mailing Address 345 Park Ave

City
San JoseState
CAZip Code
95110Purpose of Disbursement
Office expense

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		13		2020

FEC Identification Number

C

Transaction ID : SB21B.13897

Amount of Each Disbursement this Period

29.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Campfire Communications, LLCMailing Address P.O. Box 188
151 Summer StreetCity
MorrisonState
COZip Code
80465Purpose of Disbursement
Communications consulting

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		08		2020

FEC Identification Number

C

Transaction ID : SB21B.13899

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		02		2020

FEC Identification Number

C

Transaction ID : SB21B.13900

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5049.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2020					

FEC Identification Number

C

Transaction ID : SB21B.13901

Amount of Each Disbursement this Period

20.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank, N.A.

Mailing Address 1445-A Laughlin Avenue

City
McLeanState
VAZip Code
22101Purpose of Disbursement
Bank fees

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				12				2020					

FEC Identification Number

C

Transaction ID : SB21B.13902

Amount of Each Disbursement this Period

20.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. Harris Media, LLC

Mailing Address 6500 Manor Drive

City
AustinState
TXZip Code
78723Purpose of Disbursement
Design consulting

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2020					

FEC Identification Number

C

Transaction ID : SB21B.13903

Amount of Each Disbursement this Period

7500.00

☐

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

7540.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. Harris Media, LLC

Mailing Address 6500 Manor Drive

City
AustinState
TXZip Code
78723Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2020					

FEC Identification Number

C

Transaction ID : SB21B.13904

Amount of Each Disbursement this Period

353.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Langdon Law LLC

Mailing Address 8913 Cincinnati-Dayton Rd.

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Legal fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				12				2020					

FEC Identification Number

C

Transaction ID : SB21B.13905

Amount of Each Disbursement this Period

3420.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LexisNexis

Mailing Address 28544 Network Place

City
ChicagoState
ILZip Code
60673Purpose of Disbursement
Research services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2020					

FEC Identification Number

C

Transaction ID : SB21B.13906

Amount of Each Disbursement this Period

983.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4756.90

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. LexisNexis

Mailing Address 28544 Network Place

City
ChicagoState
ILZip Code
60673Purpose of Disbursement
Research services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2020					

FEC Identification Number

C

Transaction ID : SB21B.13907

Amount of Each Disbursement this Period

983.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2020					

FEC Identification Number

C

Transaction ID : SB21B.13911

Amount of Each Disbursement this Period

105.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.Mailing Address 185 Berry Street
Suite 550City
San FranciscoState
CAZip Code
94107Purpose of Disbursement
Online fundraising fees

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2020					

FEC Identification Number

C

Transaction ID : SB21B.13912

Amount of Each Disbursement this Period

85.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1173.68

TOTAL This Period (last page this line number only).....▶

18520.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Restoration PAC

Full Name (Last, First, Middle Initial)

A. AMERICAN PRINCIPLES PROJECT PAC

Mailing Address 2800 SHIRLINGTON ROAD, STE. 1201

City
ARLINGTONState
VAZip Code
22206Purpose of Disbursement
Contribution expense

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2020

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		02		2020

FEC Identification Number

C C00544387

Transaction ID : SB23.13898

Amount of Each Disbursement this Period

500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500000.00

500000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Restoration PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Harris Media, LLC

Nature of Debt (Purpose):

Podcast advertising

Mailing Address 6500 Manor Drive

City
AustinState
TXZip Code
78723

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13913

Amount Incurred This Period

7500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LexisNexis

Nature of Debt (Purpose):

Research services

Mailing Address 28544 Network Place

City
ChicagoState
ILZip Code
60673

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13914

Amount Incurred This Period

983.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

983.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Reed Media Partners, LLC

Nature of Debt (Purpose):

Pre-payment for TV and digital advertising
(production cost) - estimated on 9/4 IE report

Mailing Address 1320 N. Courthouse Rd., Ste. 130

City
ArlingtonState
VAZip Code
22201

Outstanding Balance Beginning This Period

7000.00

Transaction ID : SD10.13753

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7000.00

1) SUBTOTALS This Period This Page (optional)..... ►

15483.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SD10

Transaction ID : SD10.13913

This communication does not include express advocacy for or against any candidate.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 18

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Restoration PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Reed Media Partners, LLC

Nature of Debt (Purpose):

Television advertising (production cost) -
reported on 10/15 IE report

Mailing Address 1320 N. Courthouse Rd., Ste. 130

City
ArlingtonState
VAZip Code
22201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13915

Amount Incurred This Period

22801.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

22801.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Reed Media Partners, LLC

Nature of Debt (Purpose):

Television advertising (production cost)

Mailing Address 1320 N. Courthouse Rd., Ste. 130

City
ArlingtonState
VAZip Code
22201

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.13918

Amount Incurred This Period

4860.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

4860.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

27662.53

2) TOTALS This Period (last page this line number only)..... ►

43145.53

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

43145.53

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Restoration PAC				FEC IDENTIFICATION NUMBER ▼ C C00571588	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Harris Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 6500 Manor Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 05 / 2020		
City Austin	State TX	Zip Code 78723	Amount 20000.00		
Purpose of Expenditure Digital advertising (placement cost)		Category/ Type 004	Transaction ID : SE.13459 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 02 / 2020		
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought 9917589.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Harris Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 6500 Manor Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 05 / 2020		
City Austin	State TX	Zip Code 78723	Amount 20000.00		
Purpose of Expenditure Digital advertising (placement cost)		Category/ Type 004	Transaction ID : SE.13460 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 02 / 2020		
Name of Federal Candidate: BIDEN, JOSEPH R JR., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____		
Calendar Year-To-Date Per Election for Office Sought 9937589.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			40000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gaskill, Sherry, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Restoration PAC				FEC IDENTIFICATION NUMBER ▼ C C00571588	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Harris Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 6500 Manor Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 13 / 2020		
City Austin		State TX	Zip Code 78723		Amount 20000.00
Purpose of Expenditure Television advertising (placement cost)			Category/Type 004		Transaction ID : SE.13466 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 12 / 2020
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			14994527.50 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Harris Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address 6500 Manor Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 13 / 2020		
City Austin		State TX	Zip Code 78723		Amount 20000.00
Purpose of Expenditure Television advertising (placement cost)			Category/Type 004		Transaction ID : SE.13467 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 12 / 2020
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			15014527.50 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				40000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gaskill, Sherry, , ,</i>			Date M M / D D / Y Y Y Y Y Y 10 / 22 / 2020		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Restoration PAC			FEC IDENTIFICATION NUMBER ▼ C C00571588		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y		
Full Name of Payee Nebo Media, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 14 / 2020		
Mailing Address PO Box 9825			Amount 5036938.50		
City Arlington	State VA	Zip Code 22219	Transaction ID : SE.13464 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 09 / 2020		
Purpose of Expenditure Television advertising (placement cost)		Category/ Type 004			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 14974527.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Reed Media Partners, LLC <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 14 / 2020		
Mailing Address 1320 N. Courthouse Rd., Ste. 130			Amount 22801.93		
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.13932 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y		
Purpose of Expenditure Television advertising (production cost) - reported on 10/15 Sch E, See Sch D		Category/ Type 004			
Name of Federal Candidate: BIDEN, JOSEPH R JR, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 15037329.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			5036938.50		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures			5116938.50		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gaskill, Sherry, , ,</i>			Date M M / D D / Y Y Y Y Y 10 / 22 / 2020		
[Electronically Filed]					